

CHILD PATIENT INFORMATION AND MEDICAL HISTORY FORM

Title _____ First Name _____ Surname _____

Preferred Name _____

Gender MALE FEMALE Date of Birth ___/___/___ Age _____

Patient School _____ Grade _____

Reason for seeking Orthodontic Treatment _____

Past Orthodontic Consultation YES NO Past Orthodontic Treatment (braces?) _____

Is the patient interested in Braces Invisalign Lingual Braces

Patient Dentist name _____

Has the patient had a recent check up and/or clean? YES NO

Who can we thank for referring you?

- | | | |
|----------------------------|------------------|--------------|
| Dentist | Other Specialist | Staff Member |
| Dental Therapist/Hygienist | Our Website | Internet |
| Facebook | Instagram | Signage |

Friend/Family member name _____

Patient Medical History (Please tick)

- | | | | |
|----------------------|----------------|----------------------------|---------------------------------------|
| Asthma | Heart murmur | Heart Disease | Antibiotics required before treatment |
| Diabetes | HIV/AIDS | Hepatitis | Epilepsy |
| Kidney Disease | Bone Disorders | Growth Problems | Blood Pressure |
| Excessive Bleeding | Anxiety | Headaches | Allergies |
| Facial/Dental Trauma | | Thumb/Finger Sucking Habit | |
| Other _____ | | | |

Please explain ticked boxes if required _____

Current Medication _____

Patient Growth History (This can determine Orthodontic Treatment Options)

Current Height of patient _____ Mother's Height _____ Father's Height _____

Girls- Has menstruation started? YES NO

Boys- Has voice changed? YES NO

PARENT DETAILS

Parent/Guardian 1:

Title:_____ Name:_____

Address:_____

Post Code:_____ Home phone:_____ Mobile:_____

Work Phone:_____ Email:_____

Parent/Guardian 2:

Title:_____ Name:_____

Address:_____

Post Code:_____ Home phone:_____ Mobile:_____

Work Phone:_____ Email:_____

Correspondence to be sent to: Parent/Guardian 1 Parent/ Guardian 2 Both Other

Person responsible for fees: Parent/Guardian 1 Parent/ Guardian 2 Both Other

(If Other) Relationship to patient:_____

Is the patient insured for Orthodontic extras? YES_____ NO

The information that I have provided is complete and correct to the best of my knowledge.

Parent Signature:_____ Name:_____ Date:_____

Privacy Policy

Virtuosum Orthodontics respects your right to privacy and it has systems and processes in place to ensure it complies with the Australian Privacy Principles (APPs).

We collect information about you for the purpose of providing health services to you. In addition, personal information such as your name, address and health insurance details are used for the purpose of addressing accounts to you, as well as processing payments and writing to you about our services and any issues affecting your health care. We may collect information about you from third parties providing the collection of that information is necessary in the context of your care.

We may disclose your health information to other health care professionals, or require it from them if, in our judgement, it is necessary in the context of your care.

We may also use parts of your health information for research purposes, in study groups or at seminars; As part of its electronic records system, the practice may rely on cloud storage providers located outside of Australia. The practice will ensure that any offshore transfer complies with its obligations under the APP's.

Please sign this form as confirmation that you have read and understood the above information and consent to the collection and use of your health information.

Parent Signature:_____ Name:_____ Date:_____

Authority to request/refer records to Heath Care Professionals

Virtuosum Orthodontics may need to request or provide records from or to your previous or current Dentist or Specialist to assist with your Orthodontic treatment planning. Such records may include, but not limited to medical cares and treatment, illness or injury, dental and orthodontic history, medical history, consultation, prescriptions, X-rays and models.

Parent Signature:_____ Name:_____ Date:_____